

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN443AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2010
NAME OF PROVIDER OR SUPPLIER WYNWOOD OF SPARKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 E. PRATER WAY SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/3/2010. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 74 Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was 59. Fifteen resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of B.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 070 SS=E	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This STANDARD is not met as evidenced by: Based on record review on 3/3/10, the facility failed to ensure that 6 of 15 caregivers received eight hours of annual training (Employee #2, #3,</p>	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 #6, #7, #13 and #15). Severity: 2 Scope: 2	Y 070		
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. This Regulation is not met as evidenced by: Inspection of the Kitchen at Wynwood of Sparks on 3/3/10 included the following violations: Critical Violation(s): A. Potentially hazardous foods, raw chicken and raw meat, were stored over and next to ready-to-eat foods inside the walk-in refrigerator. B. Potential cross contamination was also observed inside the reach-in refrigerator, raw bacon stored over juice. Cleaning and Sanitation Violation(s): A. A spoon was found improperly stored inside a sour cream container inside the walk-in refrigerator. B. The concentration of the sanitizer solution for the storage of wiping clothes was recorded at	Y 250		

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Y 250	Continued From page 2 >500ppm. C. Staff was observed improperly cleaning and sanitizing dining room tables by only using water with the wiping clothes. D. The caulking/sealant for the dishroom tables was damaged and soiled with food debris. E. The insulation covering the condenser pipe inside of the walk-in refrigerator was damaged. F. The vent above the dishwasher was soiled with dust and debris. G. Kitchen pans were observed 'wet stacked' and not effectively air dried. H. The outside storage near the garbage receptacles was littered with misc. debris: broken toilet, crates, card board, etc. I. The walls under the dishwasher and around the dishroom tables were soiled with debris. Severity: 2 Scope: 3 This is a repeat deficiency from the state licensure survey conducted on 3/10/09.	Y 250		
Y 698 SS=E	Residents Requiring use of Oxygen-Storage 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall;	Y 698		

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Y 698	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation on 3/3/10, the facility failed to secure oxygen tanks in a rack or to the wall (four oxygen cylinders found laying on their side on a counter in a storage closet). Severity: 2 Scope: 1	Y 698		
Y 743 SS=D	449.272(2) Indwelling Catheters NAC 449.272 2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that: (a) The bag and tubing of the catheter are changed by: (1) The resident, with or without the assistance of a caregiver. (2) A medical professional who has been trained to provide that care. (b) Waste from the use of the catheter is disposed of properly. (c) Privacy is afforded to the resident while care is being provided; and (d) The bag of the catheter is emptied by a caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration. This Regulation is not met as evidenced by: Based on record review and interview on 3/3/10, the facility failed to ensure that all caregivers	Y 743		

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Y 743	Continued From page 4 received instruction on the handling of waste and the signs and symptoms of infection and dehydration to care for 1 of 1 residents(Resident #3) with an indwelling catheter. Severity: 2 Scope: 3	Y 743			

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